

Inspection Manager

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Adult Day Service

Displaying -39 Reports

View: 50

Restaurant

Show All

All Territories

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	ID Number	Facility	Address	Inspected By	Status	Expired	Score	Date	Act	Visit	Del
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Daryl Beasley	E	NA	0.0	12/17/2018	V	FH7	<input type="checkbox"/>
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Michael Robinson	W	NA	0.0	12/17/2018	V	VFU	<input type="checkbox"/>
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Daryl Beasley	W	NA	0.0	12/13/2018	V	VFU	<input type="checkbox"/>
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Michael Robinson	W	NA	0.0	12/03/2018	V	FH11	<input type="checkbox"/>
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Michael Robinson	W	NA	0.0	11/16/2018	V	FH3	<input type="checkbox"/>
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Michael Robinson	A	NA	93.0	11/15/2018	I		<input type="checkbox"/>
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Lisa McCoy	A	NA	0.0	08/13/2018	V	FH11	<input type="checkbox"/>
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Jason Dunn	A	NA	0.0	06/22/2018	V	FH3	<input type="checkbox"/>
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Jason Dunn	A	NA	0.0	06/20/2018	V	FH3	<input type="checkbox"/>
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Jason Dunn	A	NA	95.0	05/29/2018	I		<input type="checkbox"/>
<input checked="" type="checkbox"/>	017843	Wahlburger's Raleigh	319 Fayetteville ST	Jennifer Edwards	I	NA	0.0	04/26/2018	P		<input type="checkbox"/>

Food Establishment Inspection Report

Score: 93

Establishment Name: Wahlburger's Raleigh

Location Address: 319 Fayetteville ST

City: RALEIGH State: NC

Zip: 27601 County: WAKE

Permittee: Raleigh Burgers, LLC

Telephone: (919) 703-0833

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Establishment ID: 04092017843

☒ Inspection ☐ Re-Inspection

Date: 11/15/2018 Status Code: A

Time In: 12:30 PM Time Out: 2:30 PM

Category#: 3

FDA Establishment Type: Restaurant

No. of Risk Factor/Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.
Public Health Interventions: Control measures to prevent foodborne illness or injury

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC present, Demonstration - Certification by accredited program and perform duties	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 0	
Employee Health .2652					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge, responsibilities & reporting	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
Good Hygienic Practices .2652, .2653					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, testing, drinking, or tobacco use	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	<input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 0
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	No bare hand contact with RTE foods or a pre-approved alternate procedure properly allowed	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Handwashing sinks supplied & accessible	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Approved Source .2653, .2655					
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Protection from Contamination .2653, .2654					
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated & protected	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Potentially Hazardous Food Time/Temperature .2653					
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooking time & temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time & temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper hot holding temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking & disposition	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a public health control: procedures & records	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Consumer Advisory .2653					
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Highly Susceptible Populations .2653					
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0
Chemical .2653, .2657					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, & used	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Conformance with Approved Procedures .2653, .2654, .2658					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658					
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Food Temperature Control .2653, .2654					
31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plant food properly cooked for hot holding	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Approved thawing methods used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Food Identification .2653					
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled, original container	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present, no unauthorized animals	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Proper Use of Utensils .2653, .2654					
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Utensils and Equipment .2653, .2654, .2653					
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food-contact surfaces approved, cleanable, properly designed, constructed & used	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
Physical Facilities .2654, .2655, .2656					
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage & waste water properly disposed	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities properly constructed, supplied, & cleaned	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0
TOTAL DEDUCTIONS:		7			



Comment Addendum to Food Establishment Inspection Report

Establishment Name: Wahlburger's Raleigh
 Location Address: 319 Fayetteville ST Suite 105
 City: RALEIGH State: NC
 County: WAKE Zip: 27601
 Wastewater System: ☒ Municipal/Community
 Water Supply: ☒ Municipal/Community
 Permittee: Raleigh Burgers, LLC
 Telephone: (919) 703-0833

Establishment ID: 04092017843
☒ Inspection ☐ Re-Inspection
☐ Visit Date: 11/15/2018
☐ Verification Status Code: A
☐ Name Change Category#: 3
☐ Status Change
☐ Pre-Opening Visit
☐ Other _____

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
lettuce (main prep area)	41 °F	tomatoes (main prep area)	40 °F	burger (grill top)	150 °F
egg (main prep area)	37 °F	tomatoes (main prep area)	37 °F	cheese sauce (steam table)	140 °F
meat sauce (steam table)	150 °F	raw chicken (walk in cooler)	42 °F	raw beef (walk in cooler)	41 °F
burger (reheat)	170 °F				

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
1	2-102.12; Core; Establishment could not provide proof of certification from an accredited food protection. Establishment must have accredited food protection program. Have more people certified.
14	4-601.11 (A); Priority Foundation; Found sticker residue on pans and utensils. Food contact surfaces shall be clean to sight and touch. CDI Pans and utensils were moved to dishwashing area to be cleaned.; Corrected During Inspection
21	3-501.18; Priority; Found pasta in walk in cooler still in storage past the recorded discard date. Foods must be discarded on discard date. CDI Pasta was discarded. Follow proper discard procedures for all foods with date marking.; Corrected During Inspection
45	4-501.11; Core; Rack in dry storage is splintered/warped end needs to be repaired/replaced. Equipment shall be kept in good repair.
47	4-601.11(B) and (C); Core; Dish machine needs to be cleaned. Grill top area needs to be cleaned.
48	5-103.11; Priority Foundation; There is no hot water throughout facility. The water source and system shall be of sufficient capacity to meet the peak water demands of the FOOD ESTABLISHMENT. VR will return on 11/16/18 for verification of repair.; Verification Required
53	6-501.12; Core; Mop sink area needs to be cleaned. Walls around dish machine needs to be cleaned.
	General Comments: "NOTICE" EFFECTIVE JANUARY 1, 2019, THE NC FOOD CODE 3-501.16 (A)(2)(b)(ii) REQUIRES EQUIPMENT TO BE UPGRADED OR REPLACED TO MAINTAIN FOOD AT A TEMPERATURE OF 41 DEGREES F OR LESS. PLEASE PLAN ACCORDINGLY. Michael Robinson (919) 239-3334. Follow-Up: 11/16/2018

Person in Charge (Print & Sign): _____ Verification Required Date: 11/16/2018
 Regulatory Authority (Print & Sign): Michael Robinson REHS ID: 2590
 REHS Contact Phone Number: _____



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
 OHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 3/2013



Food Establishment Inspection Report

Score: 0

Establishment Name: Wahlburger's Raleigh
 Location Address: 319 Fayetteville ST
 City: RALEIGH State: NC
 Zip: 27601 County: WAKE
 Permittee: Raleigh Burgers, LLC
 Telephone: (919) 703-0833
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Establishment ID: 04092017843
☐ Inspection ☐ Re-Inspection
 Date: 11/16/2018 Status Code: W
 Time In: 2:00 PM Time Out: 3:00 PM
 Category#: 3
 FDA Establishment Type: Restaurant
 No. of Risk Factor/Intervention Violations: 0
 No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.									
Public Health Interventions: Control measures to prevent foodborne illness or injury									
Compliance Status		OUT	CDI	R	VR				
Supervision .2652									
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC present, Demonstration - Certification by accredited program and perform duties	<input type="checkbox"/> 2	<input type="checkbox"/> 0					
Employee Health .2652									
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge; responsibilities & reporting	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
Good Hygienic Practices .2652, .2653									
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Preventing Contamination by Hands .2652, .2653, .2655, .2656									
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	<input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 0				
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	No bare hand contact with RTE foods or a pre-approved alternate procedure properly allowed	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Handwashing sinks supplied & accessible	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Approved Source .2653, .2655									
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Required records available: shelfstock tags, parasite destruction	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Protection from Contamination .2653, .2654									
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated & protected	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Potentially Hazardous Food Time/Temperature .2653									
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooking time & temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time & temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper hot holding temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking & disposition	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a public health control: procedures & records	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Consumer Advisory .2653									
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Highly Susceptible Populations .2653									
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
Chemical .2653, .2657									
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, & used	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Conformance with Approved Procedures .2653, .2654, .2656									
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				

Good Retail Practices									
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Compliance Status		OUT	CDI	R	VR				
Safe Food and Water .2653, .2655, .2656									
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Food Temperature Control .2653, .2654									
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plant food properly cooked for hot holding	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Approved thawing methods used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Food Identification .2653									
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Personnel cleanliness	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Proper Use of Utensils .2653, .2654									
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Utensils and Equipment .2653, .2654, .2663									
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food-contact surfaces approved, cleanable, properly designed, constructed & used	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Physical Facilities .2654, .2655, .2656									
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage & waste water properly disposed	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
TOTAL OEDUCTIONS:		0							



Comment Addendum to Food Establishment Inspection Report

Establishment Name: Wahlburger's Raleigh
Location Address: 319 Fayetteville ST Suite 105
City: RALEIGH State: NC
County: WAKE Zip: 27601
Wastewater System: ☒ Municipal/Community ☐ On-Site System
Water Supply: ☒ Municipal/Community ☐ On-Site Supply
Permittee: Raleigh Burgers, LLC
Telephone: (919) 703-0833

Establishment ID: 04092017843
☐ Inspection ☐ Re-Inspection
☐ Visit Date: 11/16/2018
☒ Verification Status Code: W
☐ Name Change Category#: 3
☐ Status Change
☐ Pre-Opening Visit
☐ Other _____

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
	General Comments: Visited establishment to verify repair for hot water. Establishment does not produce hot water requirements. Intent to suspend is given. Will have 30 days to repair violation. Follow-Up: 12/14/2018

Person in Charge (Print & Sign): _____ Verification Required Date: _____

Regulatory Authority (Print & Sign): Michael Robinson REHS ID: 2590
REHS Contact Phone Number: _____



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
DHHS is an equal opportunity employer.
Food Establishment Inspection Report, 3/2013



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION

Notice of Intent to Suspend or Revoke Permit

COUNTY: WAKE COUNTY

NAME: Wahlburger's Raleigh ID: 04092017843
STREET: 319 Fayetteville ST Suite 105
CITY: RALEIGH DATE: 11/16/2018
STATE: NC ZIPCODE: 27601 TIME: 02:00 PM

Dear Owner or Operator:

Your establishment has been inspected in accordance with the laws and rules governing:

<input checked="" type="checkbox"/> (X) food and lodging establishments in North Carolina General Statutes 130A-247 through 130A-250 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .2600 and related rules.	<input type="checkbox"/> () public swimming pools in North Carolina General Statutes 130A-280 through 282 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .2500 and related rules.	<input type="checkbox"/> () tattooing in North Carolina General Statutes 130A-283 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .3200 and related rules.
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As a result of an inspection, the Department has determined that the establishment is in violation of Title 15A, Subchapter 18A, of the North Carolina Administrative Code, due to the attached noncompliant items.

VIOLATIONS NOTED - Please List

2655. 5-103.11 Hot water generation and distribution systems shall be sufficient to meet the peak hot water demand throughout the food establishment. Facility does not have adequate hot water.

<input checked="" type="checkbox"/> (X) This letter is to notify you that based on these violations of the laws and rules, the Department INTENDS TO SUSPEND your permit or transitional permit thirty (30) days from the date of this notice. If the health department determines that all of the violations have been corrected before thirty (30) days expire, the suspension will not go into effect.	<input type="checkbox"/> () This letter is to notify you that based on these violations of the laws and rules, the Department INTENDS TO REVOKE your permit or transitional permit thirty (30) days from the date of this notice. If the health department determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect.
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You have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000. The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B.

PLEASE NOTE: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER**. Meeting the 30-day deadline is critical to your right to a formal appeal. Do not wait for the outcome of any informal review or appeal if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by Law (N.C. General Statutes 150B-23) to serve a copy of your petition on the state agency that is a party to the action. The state agency party in this case is the North Carolina Department of Environment and Natural Resources. Service must be made in accordance with Rule 4 of the North Carolina Rules of Civil Procedure and 26 NCAC 3.0102(a)(3). You must send the copy to: Office of General Counsel, N.C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC 27699-1601. Do NOT send the copy of your petition to your local health department. Sending a copy of your petition to the local health department will NOT satisfy the legal requirements in N.C. General Statute 150B-23 that you serve a copy on the state agency that is a party to this action.

If you properly file a formal appeal by filing a petition for a contested case hearing in accordance with all statutory requirements prior to the expiration of thirty (30) days, the suspension shall be stayed pending a final decision by the state agency in the contested case. If you do not either correct the violations or petition for a contested case hearing within thirty (30) days, the suspension shall become effective at the end of thirty (30) days. If suspended, the health department must determine that all of the violations have been corrected before the suspension will be lifted.

You may also request an informal review of this decision in accordance with 15A NCAC 18A .2643. You may call or write the local health department if you need any additional information or assistance.

Signature of Environmental Health Specialist

Signature of Recipient

Purpose: General Statute 130A-23 gives the Secretary the power to suspend or revoke a permit issued pursuant to Chapter 130A, under certain conditions. This form is developed to be used for suspensions or revocations.
Preparation: Local environmental health specialists shall complete form EHS 4009A whenever an "Intent-to-Suspend or Revoke" is issued. 1. Original to be left with responsible person 2. Copy for the local health department. 3. Copy for Environmental Health Section. Disposition: Please refer to Standard-8 B.6, Inspection Records, Records Retention and Disposition Schedule form County/District Health Departments, published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632 (Courier 52-01-00) EHS 4009A (Notice of Intent) Revised 07-12 Environmental Health Section

Food Establishment Inspection Report

Score: 0

Establishment Name: Wahlburger's Raleigh

Location Address: 319 Fayetteville ST

City: RALEIGH State: NC

Zip: 27601 County: WAKE

Permittee: Raleigh Burgers, LLC

Telephone: (919) 703-0833

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Establishment ID: 04092017843

☐ Inspection ☐ Re-Inspection

Date: 12/03/2018 Status Code: W

Time In: 2:30 PM Time Out: 2:35 PM

Category#: 3

FDA Establishment Type: Restaurant

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions									
Risk factors: Contributing factors that increase the chance of developing foodborne illness									
Public Health Interventions: Control measures to prevent foodborne illness or injury									
Compliance Status		OUT	CDI	R	VR				
Supervision .2652									
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC present, Demonstration - Certification by accredited program and perform duties	<input type="checkbox"/> 2	<input type="checkbox"/> 0					
Employee Health .2652									
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge, responsibilities & reporting	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
Good Hygienic Practices .2652, .2653									
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Preventing Contamination by Hands .2652, .2653, .2655, .2656									
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	<input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 0				
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with RTE foods or a pre-approved alternate procedure properly allowed	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Handwashing sinks supplied & accessible	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Approved Source .2653, .2655									
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Protection from Contamination .2653, .2654									
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated & protected	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Potentially Hazardous Food Time/Temperature .2653									
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time & temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking & disposition	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control: procedures & records	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Consumer Advisory .2653									
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Highly Susceptible Populations .2653									
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 0				
Chemical .2653, .2657									
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, & used	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Conformance with Approved Procedures .2653, .2654, .2656									
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				

Good Retail Practices									
Good Retail Practices: Preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Compliance Status		OUT	CDI	R	VR				
Safe Food and Water .2653, .2655, .2656									
28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Food Temperature Control .2653, .2654									
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Food Identification .2653									
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Proper Use of Utensils .2653, .2654									
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Utensils and Equipment .2653, .2654, .2656									
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food-contact surfaces: approved, cleanable, properly designed, constructed & used	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
Physical Facilities .2654, .2655, .2656									
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage & waste water properly disposed	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0				
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed, facilities maintained	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	<input type="checkbox"/> 1	<input type="checkbox"/> 0.5	<input type="checkbox"/> 0				
TOTAL DEDUCTIONS:		0							



Comment Addendum to Food Establishment Inspection Report

Establishment Name: Wahlburger's Raleigh
 Location Address: 319 Fayetteville ST Suite 105
 City: RALEIGH State: NC
 County: WAKE Zip: 27601

Establishment ID: 04092017843
☐ Inspection ☐ Re-Inspection
☒ Visit Date: 12/03/2018
☐ Verification Status Code: W
☐ Name Change Category#: 3
☐ Status Change
☐ Pre-Opening Visit
☐ Other _____

Wastewater System: ☒ Municipal/Community
 Water Supply: ☒ Municipal/Community

☐ On-Site System
☐ On-Site Supply

Permittee: Raleigh Burgers, LLC
 Telephone: (919) 703-0833

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
	General Comments: see complaint 8705840

Person In Charge (Print & Sign): _____ Verification Required Date: _____

Regulatory Authority (Print & Sign): Michael Robinson REHS ID: 2590
 REHS Contact Phone Number: _____



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 3/2013



Food Establishment Inspection Report

Score: 0

Establishment Name: Wahlburger's Raleigh

Establishment ID: 04092017843

Location Address: 319 Fayetteville ST

☐ Inspection ☐ Re-Inspection

City: RALEIGH State: NC

Date: 12/13/2018 Status Code: W

Zip: 27601 County: WAKE

Time In: 12:30 PM Time Out: 2:30 PM

Permittee: Raleigh Burgers, LLC

Category#: 3

Telephone: (919) 703-0833

FDA Establishment Type: Restaurant

Wastewater System: ☒ Municipal/Community ☐ On-Site System

No. of Risk Factor/Intervention Violations: 0

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions			
Risk factors: Contributing factors that increase the chance of developing foodborne illness			
Public Health Interventions: Control measures to prevent foodborne illness or injury			
Compliance Status	OUT	CDI	R VR
Supervision .2652			
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC present, Demonstration - Certification by accredited program and perform duties	2	0
Employee Health .2652			
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge, responsibility & reporting	3	1.5 0
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5 0
Good Hygienic Practices .2652, .2653			
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, testing, drinking, or tobacco use	2	1 0
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5 0
Preventing Contamination by Hands .2652, .2653, .2655, .2656			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	4	2 0
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with RTE foods or a pre-approved alternate procedure properly followed	3	1.5 0
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Handwashing sinks supplied & accessible	2	1 0
Approved Source .2653, .2655			
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	2	1 0
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food received at proper temperature	2	1 0
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1 0
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock logs, parasite destruction	2	1 0
Protection from Contamination .2653, .2654			
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated & protected	3	1.5 0
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5 0
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1 0
Potentially Hazardous Food Time/Temperature .2653			
16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures	3	1.5 0
17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding	3	1.5 0
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time & temperatures	3	1.5 0
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures	3	1.5 0
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures	3	1.5 0
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking & disposition	3	1.5 0
22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control: procedures & records	2	1 0
Consumer Advisory .2653			
23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	1	0.5 0
Highly Susceptible Populations .2653			
24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3	1.5 0
Chemical .2653, .2657			
25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5 0
26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, & used	2	1 0
Conformance with Approved Procedures .2653, .2654, .2658			
27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1 0

Good Retail Practices			
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
Compliance Status	OUT	CDI	R VR
Safe Food and Water .2653, .2655, .2658			
26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5 0
29 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	2	1 0
30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	1	0.5 0
Food Temperature Control .2653, .2654			
31 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5 0
32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	1	0.5 0
33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	1	0.5 0
34 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5 0
Food Identification .2653			
35 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	2	1 0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657			
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1 0
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1 0
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	1	0.5 0
39 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5 0
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5 0
Proper Use of Utensils .2653, .2654			
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5 0
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	1	0.5 0
43 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5 0
44 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	1	0.5 0
Utensils and Equipment .2653, .2654, .2663			
45 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food-contact surfaces approved, cleanable, properly designed, constructed & used	2	1 0
46 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5 0
47 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5 0
Physical Facilities .2654, .2655, .2656			
48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	2	1 0
49 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1 0
50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage & waste water properly disposed	2	1 0
51 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned	1	0.5 0
52 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed, facilities maintained	1	0.5 0
53 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5 0
54 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements, designated areas used	1	0.5 0
TOTAL DEDUCTIONS:		0	



Comment Addendum to Food Establishment Inspection Report

Establishment Name: Wahlburger's Raleigh
 Location Address: 319 Fayetteville ST Suite 105
 City: RALEIGH State: NC
 County: WAKE Zip: 27601
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site Supply
 Permittee: Raleigh Burgers, LLC
 Telephone: (919) 703-0833

Establishment ID: 04092017843
☐ Inspection ☐ Re-Inspection
☒ Visit Date: 12/13/2018
☐ Verification Status Code: W
☐ Name Change Category#: 3
☐ Status Change
☐ Pre-Opening Visit
☐ Other _____

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hand-sink (near rear entrance)	109 °F	prep sink (near rear entrance)	107 °F	hand-sink (near kit beverag station)	141 °F
pre-wash (near dish-machine)	138-104 °F	wash cycle (dish-machine)	117-105 °F	hand-sink (cook line)	133 °F
hand-sinks (both bathrooms)	127 °F	hot water (3 comp sink at dishma)	130 °F		

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
	<p>General Comments: Due to inadequate hot water, this facility has an intent to suspend the operation permit, expiring on 12/17/2018. Today the hot water seem to be adequate in all areas of the facility except the dish-washing area. The facility had a "Closed For Business Today" sign on the front door. Being closed today, gave me the opportunity to assess the hot water supply at all points of use. The hot water was 117F degrees at the dish-machine and pre-wash, for the first two cycles, once the water got hot. Every cycle after that, the water got colder and colder. The water cooled at the dish-machine wash cycle and pre-wash to 105F degrees and would not get hotter as long as the dish-machine was in constant use. I ran fourteen cycles on the dish-machine. The required minimum wash temperature for this dish-machine is 120F degrees. The water never reached the minimum temperature. The dish-machine must maintain the minimum wash temperature of 120F degrees, during constant use, in order for the intent to suspend the operation permit to be lifted. Please contact me for assistance- 919-796-8767 or Daryl.Beasley@wakegov.com</p>

Person In Charge (Print & Sign): Casey
 Manager- Casey

Verification Required Date: _____

Regulatory Authority (Print & Sign): DARYL B. BEASLEY
 Daryl Beasley

REHS ID: 1060

REHS Contact Phone Number: _____



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 Food Establishment Inspection Report, 3/2013



Food Establishment Inspection Report

Score: 0

Establishment Name: Wahlburger's Raleigh

Location Address: 319 Fayetteville ST

City: RALEIGH

State: NC

Zip: 27601

County: WAKE

Permittee: Raleigh Burgers, LLC

Telephone: (919) 703-0833

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Establishment ID: 04092017843

☐ Inspection ☐ Re-Inspection

Date: 12/17/2018

Status Code: W

Time In: 10:00 AM

Time Out: 10:15 AM

Category#: 3

FDA Establishment Type: Restaurant

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions				OUT	CDI	R	VR
Compliance Status							
Supervision .2652							
1	IN	OUT	N/A	PIC present, Demonstration - Certification by accredited program and perform duties	2	0	
Employee Health .2652							
2	IN	OUT		Management, employees knowledge; responsibilities & reporting	3	1.5	0
3	IN	OUT		Proper use of reporting, restriction & exclusion	3	1.5	0
Good Hygienic Practices .2652, .2653							
4	IN	OUT		Proper eating, tasting, drinking, or tobacco use	2	1	0
5	IN	OUT		No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656							
6	IN	OUT		Hands clean & properly washed	4	2	0
7	IN	OUT	N/A	No bare hand contact with RTE foods or a pre-approved alternate procedure properly allowed	3	1.5	0
8	IN	OUT		Handwashing sink supplied & accessible	2	1	0
Approved Source .2653, .2655							
9	IN	OUT		Food obtained from approved source	2	1	0
10	IN	OUT	N/A	Food received at proper temperature	2	1	0
11	IN	OUT		Food in good condition, safe & unadulterated	2	1	0
12	IN	OUT	N/A	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654							
13	IN	OUT	N/A	Food separated & protected	3	1.5	0
14	IN	OUT		Food-contact surfaces: cleaned & sanitized	3	1.5	0
15	IN	OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653							
16	IN	OUT	N/A	Proper cooking time & temperatures	3	1.5	0
17	IN	OUT	N/A	Proper reheating procedures for hot holding	3	1.5	0
18	IN	OUT	N/A	Proper cooling time & temperatures	3	1.5	0
19	IN	OUT	N/A	Proper hot holding temperatures	3	1.5	0
20	IN	OUT	N/A	Proper cold holding temperatures	3	1.5	0
21	IN	OUT	N/A	Proper date marking & disposition	3	1.5	0
22	IN	OUT	N/A	Time as a public health control: procedures & records	2	1	0
Consumer Advisory .2653							
23	IN	OUT	N/A	Consumer advisory provided for raw or undercooked foods	1	0.5	0
Highly Susceptible Populations .2653							
24	IN	OUT	N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemicals .2653, .2657							
25	IN	OUT	N/A	Food additives: approved & properly used	1	0.5	0
26	IN	OUT	N/A	Toxic substances properly identified, stored, & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658							
27	IN	OUT	N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0

Good Retail Practices				OUT	CDI	R	VR
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods							
Compliance Status							
Safe Food and Water .2653, .2655, .2656							
28	IN	OUT	N/A	Pasteurized eggs used where required	1	0.5	0
29	IN	OUT		Water and ice from approved source	2	1	0
30	IN	OUT	N/A	Variance obtained for specialized processing methods	1	0.5	0
Food Temperature Control .2653, .2654							
31	IN	OUT		Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
32	IN	OUT	N/A	Plant food properly cooked for hot holding	1	0.5	0
33	IN	OUT	N/A	Approved thawing methods used	1	0.5	0
34	IN	OUT		Thermometers provided & accurate	1	0.5	0
Food Identification .2653							
35	IN	OUT		Food properly labeled; original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657							
36	IN	OUT		Insects & rodents not present; no unauthorized animals	2	1	0
37	IN	OUT		Contamination prevented during food preparation, storage & display	2	1	0
38	IN	OUT		Personal cleanliness	1	0.5	0
39	IN	OUT		Wiping cloths: properly used & stored	1	0.5	0
40	IN	OUT	N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654							
41	IN	OUT		In-use utensils: properly stored	1	0.5	0
42	IN	OUT		Utensils, equipment & linens: properly stored, dried, & handled	1	0.5	0
43	IN	OUT		Single-use & single-service articles: properly stored & used	1	0.5	0
44	IN	OUT		Gloves used properly	1	0.5	0
Utensile and Equipment .2653, .2654, .2653							
45	IN	OUT		Equipment, food & non-food-contact surfaces approved, cleanable, properly designed, constructed & used	2	1	0
46	IN	OUT		Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
47	IN	OUT		Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656							
48	IN	OUT	N/A	Hot & cold water available; adequate pressure	2	1	0
49	IN	OUT		Plumbing installed, proper backflow devices	2	1	0
50	IN	OUT	N/A	Sewage & waste water properly disposed	2	1	0
51	IN	OUT		Toilet facilities: properly constructed, supplied, & cleaned	1	0.5	0
52	IN	OUT		Garbage & refuse properly disposed; facilities maintained	1	0.5	0
53	IN	OUT		Physical facilities installed, maintained & clean	1	0.5	0
54	IN	OUT		Floors ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:				0			



Comment Addendum to Food Establishment Inspection Report

Establishment Name: Wahlburger's Raleigh
 Location Address: 319 Fayetteville ST Suite 105
 City: RALEIGH State: NC
 County: WAKE Zip: 27601
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site Supply
 Permittee: Raleigh Burgers, LLC
 Telephone: (919) 703-0833

Establishment ID: 04092017843
☐ Inspection ☐ Re-Inspection
☒ Visit Date: 12/17/2018
☐ Verification Status Code: W
☐ Name Change Category#: 3
☐ Status Change
☐ Pre-Opening Visit
☐ Other _____

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
	General Comments: Visited establishment to follow up on dish machine temperature. Manager was not currently in establishment. Informed staff that inspector will return on 12/17/18 at 3:00p.m to check dish machine temperature. If dish machine temperature does not reach a minimum of 120F then permit will be suspended.

Person in Charge (Print & Sign): _____ Verification Required Date: _____

Regulatory Authority (Print & Sign): Michael Robinson REHS ID: 2590
 Michael Robinson REHS Contact Phone Number: _____



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 Food Establishment Inspection Report, 3/2013



Food Establishment Inspection Report

Score: 0

Establishment Name: Wahlburger's Raleigh
 Location Address: 319 Fayetteville ST
 City: RALEIGH State: NC
 Zip: 27601 County: WAKE
 Permittee: Raleigh Burgers, LLC
 Telephone: (919) 703-0833
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Establishment ID: 04092017843

☐ Inspection ☐ Re-Inspection

Date: 12/17/2018 Status Code: E

Time In: 2:00 PM Time Out: 3:30 PM

Category#: 3

FDA Establishment Type: Restaurant

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.									
Public Health Interventions: Control measures to prevent foodborne illness or injury									
Compliance Status		OUT	CDI	R	VR				
Supervision .2652									
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC present, Demonstration - Certification by accredited program and perform duties		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652									
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge, responsibility & reporting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653									
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, testing, drinking, or tobacco use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2656									
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with RTE foods or a pre-approved alternate procedure properly allowed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Handwashing sinks supplied & accessible		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source .2653, .2655									
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination .2653, .2654									
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated & protected		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653									
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time & temperatures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking & disposition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control: procedures & records		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory .2653									
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations .2653									
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical .2653, .2657									
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, & used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2656									
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Good Retail Practices									
Good Retail Practices: Preventive measures to control the addition of pathogens, chemicals, and physical objects into foods									
Compliance Status		OUT	CDI	R	VR				
Safe Food and Water .2653, .2655, .2658									
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control .2653, .2654									
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification .2653									
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654									
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2663									
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food-contact surfaces approved, cleanable, properly designed, constructed & used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities .2654, .2655, .2656									
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage & waste water properly disposed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed, facilities maintained		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL DEVIATIONS:					0				



Comment Addendum to Food Establishment Inspection Report

Establishment Name: Wahlburger's Raleigh
 Location Address: 319 Fayetteville ST Suite 105
 City: RALEIGH State: NC
 County: WAKE Zip: 27601
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site Supply
 Permittee: Raleigh Burgers, LLC
 Telephone: (919) 703-0833

Establishment ID: 04092017843
☐ Inspection ☐ Re-Inspection
☒ Visit Date: 12/17/2018
☐ Verification Status Code: E
☐ Name Change Category#: 3
☐ Status Change
☐ Pre-Opening Visit
☐ Other _____

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
wash cycle (dish-machine)	52 °F	pre-wash (dish-machine)	52 °F	hand sink (beverage area- kitchen)	102+ °F
hand sink (cook line)	138 °F	hand sink (rear entrance)	51 °F	prep sink 1 (rear entrance)	50 °F
pep sink 2 (rear entrance)	52 °F	hand sinks (both bathrooms)	123+ °F	hot water (3 comp sink)	52 °F

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
	<p>General Comments: Due to inadequate hot water, this facility had an intent to suspend the operation permit, issued on 11/16/18 and expiring on 12/16/2018. Today the hot water was still not adequate in all areas of the facility. Temperatures are documented on the temperature chart. The hot water was 52F degrees at the dish-machine. The required minimum wash temperature for this dish-machine is 120F degrees. The hot water was 52F degrees at the 3 compartment sink. The minimum of 110F degrees is required for ware-washing at the sink. Prep sinks and the hand sink in the rear kitchen area were only providing 50-52F degree water. The water never reached the minimum temperatures. The operations permit has been suspended until adequate hot water, reaching minimum required temperatures, can be maintained under constant usage and sufficient to meet the peak hot water demand throughout the food establishment. Please contact me for assistance- 919-796-8767 or Daryl.Beasley@wakegov.com</p>

Person in Charge (Print & Sign): Manager- Casey Verification Required Date: _____
 Regulatory Authority (Print & Sign): Daryl Beasley REHS ID: 1060
 REHS Contact Phone Number: _____



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 3/2013



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION

NOTICE OF IMMEDIATE PERMIT SUSPENSION OR REVOCATION

NAME: Wahlburger's Raleigh ID: 04092017843
STREET: 319 Fayetteville ST Suite 105
CITY: RALEIGH
STATE: NC ZIPCODE: 27601 COUNTY: WAKE DATE: 12/17/2018
TIME: 02:00 PM

Dear Owner or Operator:

Your establishment has been inspected in accordance with the laws and rules governing:

<input checked="" type="checkbox"/> (X) food and lodging establishments in North Carolina General Statutes 130A-247 through 130A-250 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .2600 and related rules.	<input type="checkbox"/> () public swimming pools in North Carolina General Statutes 130A-280 through 282 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .2500 and related rules.	<input type="checkbox"/> () tattooing in North Carolina General Statutes 130A-283 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .3200 and related rules.
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As a result of an inspection, the Department has determined that the establishment is in violation of Title 15A, Subchapter 18A, of the North Carolina Administrative Code, due to the attached noncompliant items.

VIOLATIONS NOTED - Please List

2655. Food Code 5-103.11 Hot water generation and distribution systems shall be sufficient to meet the peak hot water demand throughout the food establishment. Facility does not have adequate hDue to inadequate hot water, this facility had an intent to suspend the operation permit, issued on 11/16/18 and expiring on 12/16/2018. Today the hot water was still not adequate in all areas of the facility.

The Department has determined that the conditions found constitute an:

<input checked="" type="checkbox"/> (X) IMMINENT HAZARD as defined in G.S. 130A-2(3) and that the imminent hazard requires emergency action in order to protect the public health.	<input type="checkbox"/> () Failure of a public swimming pool to maintain minimum water quality or safety standards or design and construction standards pertaining to the abatement of suction hazards which result in an unsafe condition.
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This letter is to notify you that based upon the above findings, your permit or transitional permit is hereby

<input checked="" type="checkbox"/> (X) IMMEDIATELY SUSPENDED in accordance with G.S. 130A-23(d). The permit suspension will not be lifted until the health department determines that all of the identified violations have been corrected. YOU MUST CEASE OPERATIONS IMMEDIATELY AND CANNOT OPERATE YOUR ESTABLISHMENT WHILE YOUR PERMIT IS SUSPENDED.	<input type="checkbox"/> () IMMEDIATELY REVOKED in accordance with G.S. 130A-23(d) or G.S. 130A-248(b). Once your permit has been revoked, you must apply for a new permit and must meet all of the current requirements necessary to obtain a new permit. YOU MUST CEASE OPERATIONS IMMEDIATELY AND CANNOT OPERATE YOUR ESTABLISHMENT UNLESS A NEW PERMIT IS OBTAINED.
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Operation of your establishment without a permit or while the permit is suspended or revoked may lead to civil action to require you to cease operation, or criminal charges in accordance with G.S. 130A-25, or both.

You have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000. The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B.

PLEASE NOTE: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER**. Meeting the 30-day deadline is critical to your right to a formal appeal. Do not wait for the outcome of any informal review or appeal if you wish to file a formal appeal. **FILING A FORMAL APPEAL DOES NOT AUTOMATICALLY STAY AN IMMEDIATE PERMIT SUSPENSION OR REVOCATION. UNLESS A STAY IS ISSUED, THE PERMIT**

<input checked="" type="checkbox"/> (X) REMAINS SUSPENDED UNTIL THE HEALTH DEPARTMENT DETERMINES THAT THE VIOLATIONS HAVE BEEN CORRECTED OR UNTIL THERE IS A FINAL DECISION IN THE CONTESTED CASE.	<input type="checkbox"/> () IS REVOKED AND THE ESTABLISHMENT CANNOT BE OPERATED UNTIL A NEW PERMIT IS OBTAINED OR UNTIL THERE IS A FINAL DECISION IN THE CONTESTED CASE.
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If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by Law (N.C. General Statute 150B-23) to serve a copy of your petition on the state agency that is a party to the action. The state agency party in this case is the North Carolina Department of Environment and Natural Resources. Service must be made in accordance with Rule 4 of the North Carolina Rules of Civil Procedure and 26 NCAC 3.0102(a)(3). You must send the copy to: Office of General Counsel, N.C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC 27699-1601. Do NOT send the copy of your petition to your local health department. Sending a copy of your petition to the local health department will NOT satisfy the legal requirements in N.C. Gen. Stat. 150B-23 that you serve a copy on the state agency that is a party to this action.

You may also request an informal review of this decision in accordance with 15A NCAC 18A .2643. You may call or write the local health department if you need any additional information or assistance.

Signature of Environmental Health Specialist

Signature of Recipient

Purpose: General Statute 130A-23 gives the Secretary the power to suspend or revoke a permit issued pursuant to Chapter 130A, under certain conditions. This form is developed to be used for suspensions or revocations. Preparation: Local environmental health specialists shall complete form EHS 4009B whenever an "Immediate Suspension or Revocation" is issued. 1. Original to be left with responsible person 2. Copy for the local health department. 3. Copy for Environmental Health Section, Division of Public Health. Disposition: Please refer to Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Historical Resources. Additional forms may be ordered from: Div. of Environmental Health, 1630 Mail Service Center, Raleigh, NC 27699-1632 (Courier 52-01-00) EHS 4009B Immediate-Suspension Environmental Health Section (Review 07/13)